

KENTUCKY BOARD OF PHARMACY
23 Millcreek Park
Frankfort, Kentucky 40601-9230
502-573-1580

Permit No. _____
Date Issued _____
(For Office Use Only)

Application For Permit to Operate A Pharmacy in Kentucky

Please type and submit in DUPLICATE. Make check or money order payable to Kentucky State Treasurer. Mail to: Kentucky Board of Pharmacy, 23 Millcreek Park, Frankfort, Kentucky 40601-9230. All applicable entries must be completed. Incomplete applications will be returned. Each permit expires June 30 following the date of issuance.

1. Name of Pharmacy _____

Physical Address of Pharmacy _____
(Street and Number)

City _____ State _____ Zip _____

Mailing Address of Pharmacy _____
(Street and Number)

City _____ State _____ Zip _____

Phone Number _____ Toll-Free Number _____

Check and complete one of the following and attach proper fee:

☐ New Pharmacy \$100.00
Proposed date of Opening _____

(Filed with Board 30 days in advance of Opening)

☐ Renewal \$100.00
Current Permit No. _____

DEA Registration No. _____ Expiration Date _____

Date of Last DEA Schedule II, III, IV and V Inventory _____

(Renewal may be denied if not within last two years)

☐ Change of Ownership \$75.00

Date of Proposed Acquisition _____ Current Permit No. _____

Name of Previous Owner(s) _____

(Confirmation statement of previous owner must be attached)

☐ Change of Address/Location \$75.00

Date of Proposed Relocation _____

Previous Address _____

2. Ownership:

☐ Sole Proprietor ☐ Partnership ☐ Unincorporated Business ☐ Incorporated Business

Name and title for each owner/officer, including professional designation (e.g. Pres. John Jones, PharmD)

3. Pharmacist-In-Charge (P.I.C.) and Registered Pharmacist(s):

Name	KY	License No.	P.O.A.	Key
P.I.C. _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Please indicate by checking the space provided those who have "Power of Attorney" (P.O.A) to order Controlled Substances and/or have been issued keys to the pharmacy)

Kentucky Pharmacy Regulation 201 KAR 2:205 requires pharmacists-in-charge to notify the Board of all pharmacist personnel changes and changes in pharmacy operating hours.

4. Name, title and address of each nonpharmacist with keys to the pharmacy:

5. Schedule of Hours:

Monday _____ A.M. to _____ P.M.	Friday . . . _____ A.M. to _____ P.M.
Tuesday . . . _____ A.M. to _____ P.M.	Saturday . . _____ A.M. to _____ P.M.
Wednesday . . _____ A.M. to _____ P.M.	Sunday . . . _____ A.M. to _____ P.M.
Thursday . . . _____ A.M. to _____ P.M.	

6. Name, address and affiliation of all individuals, other than those previously identified in this application, responsible for pharmacy management or staffing (e.g., Pharmacy Services Management Companies or Consultants:

7. Does pharmacy currently utilize an automated data processing system? Yes ____ No ____

If yes, identify the source for: hardware _____ software _____

8. Type of Pharmacy (Indicate all that apply):

Retail Chain _____	Hospital _____	Nursing Home _____	Nuclear _____
Retail Independent _____	Infusion _____	Mail Order _____	Home Health _____

The Board may refuse to issue or renew a permit, or suspend, temporarily suspend, revoke, fine or reasonably restrict any permit holder for knowingly making or causing to be made, any false, fraudulent or forged statement in connection with an application for a permit. KRS 315.121.

I hereby certify that the foregoing is true and correct to the best of my knowledge and that I have read and understand Kentucky Revised Statutes Chapters 217, 218A, and 315 and the Regulations of the Kentucky Board of Pharmacy and the Cabinet for Health Services pertaining to the practice of pharmacy and certify that this pharmacy will be conducted in full compliance with all Federal and State laws.

(Signature of Pharmacist-In-Charge)

(Signature of Owner)

(Date)

(Date)